AIDS DRUG ASSISTANCE PROGRAM (ADAP) REIMBURSEMENT PROCEDURES

General Submission Guidelines

The Ryan White Title II CARE Program customarily reimburses eligible providers based on the Medicaid rate; however, this may differ depending upon the service category. Reimbursement for services will only be made for those clients actively enrolled in the Ryan White CARE Program.

These general submission guidelines are a requirement of all claims. Once claims are received, they are assessed based on these criteria before being processed for reimbursement. The following criteria must be utilized in order to process reimbursement for claims submitted:

- Generated on a standard HCFA-1500, RRB-1500, OWCP-1500 **or** Provider generated invoice document;
- Indicate the following information:
  - Client Participant Number and/or Name;
  - Date of Service(s);
  - NDC Number;
  - Pre-authorization Number;
  - Prescription number (for medication only); and
  - Prescribing physician's name
- Submitted within **30 days** of the date of service, unless otherwise authorized by the Title II/ADAP Director or Title II/CQI Director.

If any of this information is not included on/with the claim, the claim will be returned for insufficient information and may be subject to denial. Any claims submitted **after 30 days** may be subject to denial.

Claims must be sent to the following address:

Kansas Department of Health and Environment, BEDP
Attn: Ryan White Title II CARE Program
1000 SW Jackson, Suite 210
Topeka, KS 66612-1274

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Prior Authorization

Prior to services being rendered the provider must obtain or ensure that the following information has been obtained:

- Pharmacists must verify the status of ALL Ryan White Title II clients before dispensing medications by calling the Ryan White Title II CARE Program at (785) 296-8891;
- If authorization is not obtained, submitted claims will be denied.

Reimbursement

Authorized services will be reimbursed at:

- Medicaid rate at the time of medication distribution,
- PHS price (if provider has standing PHS contract), or
- Other price determined by authorization of Title II/ADAP Director

Clients Eligible for Medicaid with Spenddown

Prior authorization and reimbursement guidelines will be consistent for clients eligible for Medicaid while meeting necessary spenddown criteria. Once clients have met their Medicaid Spenddown, the following procedures must be met:

- Providers must bill Medicaid for services rendered;
- Service(s) reimbursement by Kansas ADAP **and** not applied to Medicaid Spenddown **MUST** be refiled to Medicaid;
- Once reimbursed by Medicaid, reimbursement to Kansas ADAP is **mandatory**
- Billable service(s) covered by Medicaid are payable by Medicaid one-year from date of service(s)

Clients Waiting for Medicaid Eligiblity

Prior authorization and reimbursement guidelines will be consistent for clients waiting for Medicaid eligiblity. Once clients have become eligible, the following procedures must be met:

- Providers must bill Medicaid for services rendered;
- Service(s) reimbursement by Kansas ADAP and not applied to Medicaid Spenddown **MUST** be refiled to Medicaid;
- Once reimbursed by Medicaid, reimbursement to Kansas ADAP is **mandatory**
- Billable service(s) covered by Medicaid are payable by Medicaid one-year from date of service(s)

Questions regarding Medicaid coverage may be directed to the Provider Assistance Unit at (800) 933-6593 (In Kansas) or (785) 273-5700 (Outside Kansas).

Clients With Private Insurance

Clients with private insurance **ARE NOT ELIGIBLE** for ADAP services unless found eligible for assistance through the Kansas Health Insurance Assistance (KHIA) Program. Failure to follow these guidelines, will subject the claim to denial upon submission.

Denial for Services

When a claim is denied for payment, a denial letter will be sent to the provider with the reason(s) for the denial. Below are listed common situations for which services **are not** covered under the Ryan White Title II CARE Program.

- Services provided by a provider who **does not** have a current agreement with the Ryan White Program;
- Services requiring preauthorization that are not authorized prior to time services were rendered;
- Services provided to a client **not** enrolled in the program at the time services were rendered;
- Claims submitted **after 30 days** of date of service;
- Services administered on an inpatient basis or in an emergency room; or
- Services submitted where there is another primary payee.

If there are questions regarding invoices, payments or denials of payment, contact the Ryan White Title II CARE Program in Topeka (785) 296-8891 or in Wichita (316) 337-6136.

DENTAL SERVICES

REIMBURSEMENT GUIDELINES

General Submission Guidelines

The Ryan White Title II CARE Program customarily reimburses eligible providers based on the Medicaid rate; however, this may differ depending upon the service category. Reimbursement for services will only be made for those clients actively enrolled in the Ryan White CARE Program.

These general submission guidelines are a requirement of all claims. Once claims are received, they are assessed based on these criteria before being processed for reimbursement. The following criteria must be utilized in order to process reimbursement for claims submitted:

- Generated on a standard HCFA-1500, RRB-1500, OWCP-1500 **or** Provider generated invoice document;
- Indicate the following information:
  - Client Participant Number and/or Name;
  - Date of Service(s);
  - CPT Code and/or Detailed Explaination of Services Rendered; and
  - Pre-authorization Number (if applicable)
- Submitted within **30 days** of the date of service, unless otherwise authorized by the Title II/ADAP Director or Title II/CQI Director.

If any of this information is not included on/with the claim, the claim will be returned for insufficient information and may be subject to denial. Any claims submitted **after 30 days** may be subject to denial.

Claims must be sent to the following address:

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Prior Authorization

- Preauthorization must be obtained for all service(s) or treatment plans totaly over $150;
- No preauthorization is required for covered services up to $150;
- All services that are not listed below;
- Dentists and clinics can obtain necessary authorization by calling the Ryan White Title II CARE Program at (785) 296-8891;
- If authorization is not obtained, submitted claims may be denied.

Reimbursement

Authorized services will be reimbursed under the following conditions:

- Claims not submitted appropriately or timely may be denied
- Reimbursement will be made on the below noted services at the following pricing guidelines:

Comp Oral Exam	$ 32	
Periodic Oral Eval.	$ 20	
Palliative (Emergency) Treatment	$ 45	
Prophylaxis Adult	$ 45	
Extraction	$ 70	per tooth
Root Removal	$ 80	per root
Basic Cleaning	$ 50	
Full Mouth Debridement	$ 75	
Core Build-up	$125	
X-Ray, Bitewings, single film	$ 15	
X-Ray, Bitewings, two films	$ 25	
X-Ray, Bitewings, four films	$ 30	
X-Ray, Intraoral-Periapical, first film	$ 18	each add. Film ($ 9)
X-Ray, Intraoral-Occlusal film	$ 20	
X-Ray, Panoramic	$ 60	
Amalgam - One surface	$ 80	
Amalgam - Two surfaces	$ 90	
Amalgam - Three surfaces	$110	
Amalgam - Four or more surfaces	$150	
Resin - One surface, Anterior/Posterior	$ 95	
Resin - Two surfaces, Anterior/Posterior	$125	
Resin - Three surfaces, Anterior/Posterior	$155	
Resin - Four or more surfaces, Anterior/Posterior	$195	

- **Reimbursement will not be made on the below noted services:**
  Crowns
  Kan-Be-Healthy (KBH) Screening
  Deep Scale Root Planning
  Partials
  Cosmetic Dentistry

Denial for Services

When a claim is denied for payment, a denial letter will be sent to the provider with the reason(s) for the denial. Below are listed common situations for which services **are not** covered under the Ryan White Title II CARE Program.

- Services provided by a provider who **does not** have a current agreement with the Ryan White Program;
- Services requiring preauthorization that are not authorized prior to time services were rendered;
- Services provided to a client **not** enrolled in the program at the time services were rendered;
- Claims submitted **after 30 days** of date of service;
- Services administered on an inpatient basis or in an emergency room; or
- Services submitted where there is another primary payee.

If there are questions regarding invoices, payments or denials of payment, contact the Ryan White Title II CARE Program in Topeka (785) 296-8891 or in Wichita (316) 337-6136.

HOME HEALTHCARE

REIMBURSEMENT GUIDELINES

General Submission Guidelines

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These general submission guidelines are a requirement of all claims. Once claims are received, they are assessed based on these criteria before being processed for reimbursement. The following criteria must be utilized in order to process reimbursement for claims submitted:

- Generated on a standard HCFA-1500, RRB-1500, OWCP-1500 **or** Provider generated invoice document;
- Indicate the following information:
  - Client Participant Number and/or Name;
  - Date of Service(s);
  - CPT Code and/or Detailed Explaination of Services Rendered; and
  - Pre-authorization Number (if applicable)
- Submitted within **30 days** of the date of service, unless otherwise authorized by the Title II/ADAP Director or Title II/CQI Director.

If any of this information is not included on/with the claim, the claim will be returned for insufficient information and may be subject to denial. Any claims submitted **after 30 days** may be subject to denial.

Claims must be sent to the following address:

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Prior Authorization

- Preauthorization must be obtained for all service(s) totaling over $150;
- Only those services provided for conditions related to the client's HIV-infection are reimbursable;
- Home health agency, personal service agency or providers of durable equipment can obtain necessary authorization by calling the Ryan White Title II CARE Program at (785) 296-8891;
- If authorization is not obtained, submitted claims may be denied.

Reimbursement

Authorized services will be reimbursed under the following conditions:

- Eligible clients are subject to a $2,000 allowable per month in services;
- Copy of physician's order must be remitted with claim(s) for service(s);
- As defined in "General Submission Guidelines;"
- Claims not submitted appropriately or timely may be denied
- Unlike most other direct care services outlined throughout the manual, home healthcare services require submission of other payors (Medicaid and/or Medicare) prior to submission to Kansas Ryan White Title II;
- Reimbursement will be made on the below noted services at the listed pricing guidelines:

Skilled Nursing

- Services provided by an RN ($60 per visit);
- Services provided by an LPN ($45 per 1-2 hour visits).

Home Health Aide Services

- Continuous hourly home health care ($12.50 per hour to a 12 hours per day maximum)

Home Intravenous Drug Therapy

- Services provided by an RN ($60 per 1-2 hour visits);
- IV Medications will be reimbursed at Average Wholesale Price (AWP) less 10%.

Attendant Care

- Providers will be reimbursed at $10 per hour

Durable Medical Equipment/Non-durable Supplies

- Level of payment will follow Medicaid guidelines as described in the most current Kansas DME Medicaid Provider Manual for those items that are covered by Medicaid;
- Medicare guidelines will apply for items not covered by Medicaid;
- If neither of these programs pay for the DME provided, reimbursement will be at reasonable and customary rates as determined by the Ryan White Title II CARE Program.

Routine Diagnostic Tests Administered in the Home

- Collection of the specimen by the RN will remain at current Medicaid rate;
- RN Home Health visit ($60 per visit)
- LPN visit ($45 per visit);
- Lab work will be reimbursed according to the current rate per test as established by Medicaid

Routine Home/Continuous Home Care Services

Continuous Home Care covers nursing care in the home of which 50% must be professional care. The following are rates by location as determined by Medicaid:

SERVICE		CITY/COUNTY	COST
Routine Home Care (Daily)	1	Wichita	$94.00
	2.	Wyandotte, Johnson, Miami and Leavenworth Counties	85.48
	3.	Shawnee County	93.51
	4.	Douglas County	85.56
	5.	Other Counties	75.65
Continuous Home Care (Hourly)	1.	Wichita	$22.84
	2.	Wyandotte, Johnson, Miami and Leavenworth Counties	20.77
	3.	Shawnee County	22.72
	4.	Douglas County	20.79
	5.	Other Counties	18.38

Respite/Day Care

- $25.00 per day

Day Treatment/Therapies

- Physical therapy by or under the supervision of a licensed physical therapist ($65 per visit);
- Physical therapy assistant ($55 per visit);
- Occupational therapy provided by or under the supervision of a licensed occupational therapist ($65 per visit);
- Delivery of aerosolized pentamidine treatment by a certified or registered respiratory therapist ($35 per visit);
- Services of Dietitian for HIV-specific diagnosis ($50 per visit)

Denial for Services

When a claim is denied for payment, a denial letter will be sent to the provider with the reason(s) for the denial. Below are listed common situations for which services are not covered under the Ryan White Title II CARE Program.

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- Services administered on an inpatient basis or in an emergency room; or
- Services submitted where there is another primary payee.

If there are questions regarding invoices, payments or denials of payment, contact the Ryan White Title II CARE Program in Topeka (785) 296-8891 or in Wichita (316) 337-6136.

MENTAL HEALTH/SUBSTANCE ABUSE (MH/SA) REIMBURSEMENT GUIDELINES

General Submission Guidelines

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  - Date of Service(s);
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Prior Authorization

Mental Health Services

- Providers **do not** need authorization for initial visit;
- Prior authorization is necessary for all visits after the initial visit;
- Request for authorization for visits after the initial visit must be obtained by:
  - Contacting the Ryan White Title II CARE Program at (785) 296-8701; and
  - Submission of treatment plan with claim of initial visit;
- If authorization is not obtained, submitted claims may be denied

Prior Authorization

Substance Abuse Outpatient Services

- Request for authorization for all visits must be obtain by:
  - Contacting the Ryan White Title II CARE Program at (785) 296-8701
- If authorization is not obtained, submitted claims may be denied

Reimbursement

Mental Health Services

Authorized services will be reimbursed at:

- Initial visit ($75 maximum);
- Each visit thereafter ($55 maximum);
- Allowable maximum per client is $1,500 per grant year (April through March);
- If client is found to require additional visits over allowable, further authorization must be obtained by:
  - Contacting the Ryan White Title II CARE Program at (785) 296-8891;
  - Submission of continued treatment plan; and
- Claims not submitted appropriately or timely may be denied

Substance Abuse Outpatient Services

Authorized services will be reimbursed at:

- Medicaid rate;
- Allowable maximum per client is $1,500 per grant year (April through March);
- If client is found to require additional visits over allowable, further authorization must be obtained by:
  - Contacting the Ryan White Title II CARE Program at (785) 296-8891; and
- Claims not submitted appropriately or timely may be denied

Denial for Services

When a claim is denied for payment, a denial letter will be sent to the provider with the reason(s) for the denial. Below are listed common situations for which services are not covered under the Ryan White Title II CARE Program.

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- Services submitted where there is another primary payee.

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PRIMARY CARE

REIMBURSEMENT GUIDELINES

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  - CPT Code and/or Detailed Explaination of Services Rendered; and
  - Pre-authorization Number (if applicable)
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Prior Authorization

- No preauthorization is required for services;
- Only those services provided for conditions related to the client's HIV-infection are reimbursable.

Reimbursement

- Shall be the same as Medicaid rates in effect at the time the service is provided.
- Immunizations and vaccines may include cost of vaccine and administration; and
- Claims not submitted appropriately or timely may be denied.

Denial for Services

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